

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 401

0140

FILED JAN 13 1951

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Fulton Twp		c. CITY (If outside corporate limits, write RURAL and give township) Fulton Twp/ 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) R.F.D. # 1	
3. NAME OF DECEASED (Type or Print) a. (First) Stanley		b. (Middle) Charles	
c. (Last) Gilman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 29, 1898
9. AGE (In years last birthday) 52		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
11. BIRTHPLACE (State or foreign country) Near Reform, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Gilman		13b. MOTHER'S MAIDEN NAME Florence Coats	
14. NAME OF HUSBAND OR WIFE Maggie Newsom Gilman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 497-01-2176		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Gilman, Fulton, MO R#1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Hemorrhage Carcinoma Stomach INTERVAL BETWEEN ONSET AND DEATH 16 hrs. ? 16 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 12-9-50		19b. MAJOR FINDINGS OF OPERATION Infiltrative Carcinoma 2/3 Stomach	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1935 to 1951, to Death, 1951, that I last saw the deceased alive on 1-9-51, and that death occurred at 5:55 AM., from the causes and on the date stated above.			
23a. SIGNATURE Blanch Brown M.D.		23b. ADDRESS Fulton, Mo	
23c. DATE SIGNED 9-10-51		24. NAME OF CEMETERY OR CREMATORY Steedman Cemetery	
24a. LOCATION (City, town, or county) Steedman, Mo		24b. DATE Jan. 11, 1951	
24c. DATE REC'D BY LOCAL REG. Jan. 10 - 1951		24d. REGISTRAR'S SIGNATURE Maretta Lawrence	
24e. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		24f. ADDRESS Fulton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1951

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 4

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William C. Trehe

Student Embalmer No. *413*

working under my personal supervision.

Student *William C. Trehe*
Student Embalmer

Signed *Dwight C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.